

1. DATE OF INCIDENT 25-SEP-2015		2. ADDRESS OF OCCURRENCE 906 N CENTRAL PARK AVE CHICAGO, IL 60651		3. LOCATION CODE 290		4. SEATOCCUR 1112									
5. POSITION 9161		6. LAST NAME CRONIN		7. FIRST NAME ERIC S		8. STAR NO. 11828		9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10. RACE CODE WHI		11. AGE 600		12. HT. 200	
14. DATE OF APPT. 15-MAR-2013		15. EMPLOYEE NO. 011		16. UNIT & BEAT OF ASSIGNMENT 1123		17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26. HT. 510		27. WT. 150	
20. LAST NAME ANDERSON		21. FIRST NAME JAMES		22. M.I. BLK		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		24. RACE BLK		25. D.O.B. 510		26. HT. 510		27. WT. 150	
29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		34. BY WHOM? 00000000		35. CHARGES PLACED 00000000		36. DNA <input type="checkbox"/> DNA	
37. CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized		38. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		39. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		40. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		41. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		42. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		44. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
45. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		46. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		47. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		48. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		49. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		50. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		51. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		52. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
53. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		54. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		55. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		56. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		57. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		58. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		59. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		60. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
61. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		62. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		63. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		64. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		65. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		66. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		67. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		68. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
69. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		70. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		71. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		72. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		73. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		74. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		75. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		76. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
77. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		78. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		79. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		80. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		81. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		82. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		83. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		84. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
85. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		86. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		87. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		88. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		89. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		90. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		91. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		92. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
93. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		94. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		95. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		96. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		97. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		98. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		99. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		100. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
101. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		102. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		103. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		104. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		105. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		106. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		107. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		108. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
109. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		110. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		111. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		112. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		113. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		114. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		115. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		116. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
117. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		118. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		119. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		120. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		121. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		122. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		123. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		124. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
125. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		126. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No													

LOG# 1017328
Attachment 16

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject Deceased

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at this time, it is the preliminary determination of the undersigned that Officer CRONIN acted in compliance with Department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1077328 DETAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

FLETCHER, CHRISTOPH D

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

26-SEP-2015 02:54:14

79. TOTAL TRP's THIS EVENT No.

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